

**CQA\* VERIFICATION RECORD**

Producer _____	Year _____	Protocol	Protocol routinely performed by (Indicate Staff Member(s))	Written Procedures Reviewed (Date)	Records Reviewed (Date)	Observation of staff (Date)	Problems or discrepancies	Observation of staff (Date)
		Feed mixing and delivery						
		Injections						
		Water medication						
		Medication and vaccine use						
		BBQ pigs						